

OCT 25 2004

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0851-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

10645-148

First Named Inventor

Bruce S. Kristal

COMPLETE IF KNOWN

Application Number

10/820,184

Filing Date

04/07/2004

Art Unit

1614

Examiner Name

N/A

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**COMPOSITIONS AND METHODS FOR PROTECTING AGAINST MITOCHONDRIA
COMPONENT-MEDIATED PATHOLOGY**

(Title of the Invention)

The specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

04/07/2004

as United States Application Number or PCT International

Application Number

10/820,184

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]


Person Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0551-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26486	OR <input type="checkbox"/>	Correspondence address below
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR :			<input type="checkbox"/> A petition has been filed for this Unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Bruce S.			Kristal		
Inventor's Signature 			Date 9/8/04		
Residence: City		State		Country	
White Plains		NY		USA	
				US	
Mailing Address 801 Mamaroneck Avenue, #103					
City		State		ZIP	
White Plains		NY		10605	
				USA	
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any))			Family Name or Surname		
Robert			Friedlander		
Inventor's Signature			Date		
Residence: City		State		Country	
Brookline		MA		USA	
				USA	
Mailing Address 112 Dudley Street					
City		State		ZIP	
Brookline		MA		02445	
				USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



BEST AVAILABLE COPY


Approved for use through OCT12003, and OCT12003
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the provisions of the Espoo Convention, no fee is required to respond to a collection of information which is required to be submitted to the U.S. Patent and Trademark Office.

DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 3
--------------------	--

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date		Date	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date		Date	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Date		Date	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 116 and 37 C.F.R. 1.22. The information is required to obtain or retain a patent by the public which is to be used by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. This collection is authorized under 51 USC 5105. The collection is for the purpose of processing, preparing, and submitting the completed application form to the USPTO. There will be no charge for this collection. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FILES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-6199 (1-800-768-6199) and select option 2.

 DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	10945-148
	First Named Inventor	Bruce S. Kristal
	COMPLETE IF KNOWN	
	Application Number	10/B20,184
	Filing Date	04/07/2004
	Art Unit	1614
	Examiner Name	N/A

As the below named inventor, I hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

COMPOSITIONS AND METHODS FOR PROTECTING AGAINST MITOCHONDRIA COMPONENT-MEDIATED PATHOLOGY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

04/07/2004

as United States Application Number or PCT International

Application Number

10/820,184

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **26486** OR ☐ Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Bruce S.**
(first and middle (if any))

Family Name **Kristal**
or Surname

Inventor's
Signature

Date

Residence: City **White Plains**

State **NY**

Country **USA**

Citizenship **US**

Mailing Address **801 Mamaroneck Avenue, #103**

City **White Plains**

State **NY**

ZIP **10605**

Country **USA**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Robert**
(first and middle (if any))

Family Name **Friedlander**
or Surname

Inventor's
Signature

Date **9/8/04**

Residence: City **Brookline**

State **MA**

Country **USA**

Citizenship **USA**

Mailing Address **112 Dudley Street**

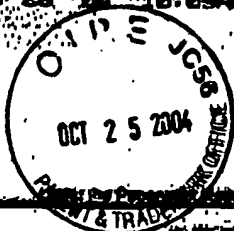
City **Brookline**

State **MA**

ZIP **02445**

Country **USA**

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



BEST AVAILABLE COPY

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet
--------------------	--	---

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City			
State			
Zip			
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City			
State			
Zip			
Country			
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City			
State			
Zip			
Country			

This declaration of inventorship is required by 35 U.S.C. 115 and 37 C.F.R. 1.22. The information is required to obtain or retain a patent by the inventorship is to be used by the USPTO to determine an applicant's eligibility to be granted a patent. The information is governed by 35 U.S.C. 122 and 37 C.F.R. 1.14. The information is to be used to determine the inventorship of the invention, including determining, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the inventorship. Any inventorship on the subject of this invention is to be used to determine the inventorship of the invention. The information should be sent to the Commissioner of Patents, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-5199 (1-800-768-5199) and select option 2.

Approved for release 10/01/2002: OADR 0051-0032

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
A statement of information under a patent is not a valid OADR request number.

Attorney Docket Number 1004-145

First Named Inventor **Bruce S. Kristal**

COMPLETELY ANONYMOUS

Application Number 10/820,184

Filing Date 04/07/2004

Art Unit 1614

Existing Notes	N/A
----------------	-----

OR

My name, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

(Title of the Invention)

the production of which

is attached hereto

ON

was filed on (MM/DD/YYYY)

04/07/2004

as United States Application Number or PCT International

Amendment Number	10/220.184	and was amended on (MM/DD/YYYY)	(If applicable)
------------------	------------	---------------------------------	-----------------

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by the amendment specifically referred to above.

understands the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which becomes available between the filing date of the prior application and the national or PCT filing date of the continuation-in-part application.

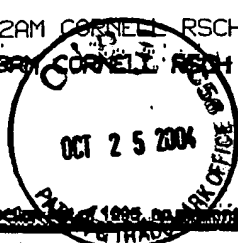
Indicate the foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority	Certified Copy Attached?	
			Not Claimed	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority date sheet PTO/SB-028 attached hereto:

[Page 1 of 2]

Warning: Your Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on completion of this form are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.**



BEST AVAILABLE COPY

PTO/52/01 (10-01)

Approved for use through 10/31/2002. OMB 0501-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Project of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		26486		OR <input type="checkbox"/> Correspondence address below	
Name							
Address							
City		State		ZIP			
Country		Telephone		Fax			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>							
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Bruce S. (First and middle (if any))				Family Name Kristal (Last or Surname)			
Inventor's Signature				Date			
White Plains		NY		USA		US	
Residence: City		State		Country		Citizenship	
Mailing Address 801 Mamaroneck Avenue, #103							
White Plains		NY		10605		USA	
City		State		ZIP		Country	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Robert				Family Name Friedlander			
First and middle (if any)				Last or Surname			
Inventor's Signature				Date			
Brookline		MA		USA		USA	
Residence: City		State		Country		Citizenship	
Mailing Address 112 Dudley Street							
Brookline		MA		02445		USA	
City		State		ZIP		Country	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s); PTO/SB/02A attached hereto.							

OCT 28 '64 10:05AM CORNELL RSCH FOUNDAT

P. 444



BEST AVAILABLE COPY.

PT-2000 (10-00)

Approved for use through OCTOBER 31, 2004
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	Country
New York		NY	USA
10022		US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address		Citizenship	
Mailing Address			
City		State	Country

This collection of information is requested by 35 U.S.C. 118 and 37 CFR 1.933. The information is needed in order to obtain a patent issued by the United States Patent and Trademark Office (USPTO) or to oppose an application. Confidentiality is guaranteed by 35 U.S.C. 122 and 37 CFR 1.934. This information is submitted to allow USPTO personnel to determine if there are any prior art references, pending applications, and other relevant information that may affect the outcome of the application. It is requested that you provide this information as soon as possible. If you have any questions regarding this request, please contact the USPTO at 1-800-596-7369. Thank you for your cooperation.

U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTD-8199 (1-800-786-8199) and select option 2.